



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SARA VASQUEZ

SECRETARY

JAMES BARGER

COMMISSIONER

SHAN LEE

COMMISSIONER

March 1, 2012

Susan A. Cameron
Muse Elementary Non-Profit Corp.
16255 Ventura Blvd. #525
Encino, CA 91436

HEARING ON APPLICATION FOR PRIVATE SCHOOL BUSINESS LICENSE ID #138816

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, March 14, 2012 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :.....XXXX

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....XXXXXXXXX
2ND PUBLISHING DATE:.....XXXXXXXXX
3RD PUBLISHING DATE:.....XXXXXXXXX

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

PRIVATE SCHOOL

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....1666 LAS VIRGENES CYN RD
NAME OF APPLICANT:.....CALABASAS, CA 91302
DATE OF HEARING:.....MUSE SCHOOL CA/ SUSAN CAMERON
TIME OF HEARING:.....MUSE SCHOOL CA
03/14/2012
09:00 A.M.

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

**OFFICE OF THE COMMISSION
500 W. TEMPLE STREET RM. 374
LOS ANGELES, CA 90012**

RETURN TO:

**LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012**



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **PRIVATE SCHOOL**

ADDRESS OF BUSINESS: **1666 LAS VIRGENES CYN RD, CALABASAS, CA 91302**

TELEPHONE: **(818) 880-5437**

OWNER OF BUSINESS: **SUSAN A CAMERON**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MUSE SCHOOL CA**

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

| | <u>APPROVED</u> | <u>DATE</u> | <u>SIGNATURE</u> |
|---|-----------------|-------------|------------------|
| <input type="checkbox"/> 1. Animal Care & Control | | | |
| <input type="checkbox"/> 2. Risk Management | | | |
| <input checked="" type="checkbox"/> 3. Building & Safety | YES | 09/23/11 | |
| <input checked="" type="checkbox"/> 4. Fire Department | YES | 12/08/11 | |
| <input checked="" type="checkbox"/> 5. Public Health | YES | 12/14/11 | |
| <input checked="" type="checkbox"/> 6. Treasurer & Tax Collector | YES | 02/21/12 | |
| <input checked="" type="checkbox"/> 7. Business License Commission | | | |
| <input type="checkbox"/> 8. Sheriff Department | | | |
| <input checked="" type="checkbox"/> 9. Regional Planning Commission | YES | 09/02/11 | |
| <input type="checkbox"/> 10. Weights and Measures | | | |
| <input type="checkbox"/> 11. Publishing | | | |
| <input type="checkbox"/> 12. Public Works - EPD | | | |
| <input checked="" type="checkbox"/> 13. Sheriff Fingerprint | YES | 09/28/11 | |

Conditions:

MUSE SCHOOL CA

818.880.5437
1666 Las Virgenes Cyn Road
Calabasas, CA 91302

August 31, 2011

Los Angeles County Treasurer and Tax Collector

I give my permission to Steve Wiseman to represent the school on my behalf to pay any fees required for the name and site address changes along with any additional information that is needed pertaining to my school.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Suzy Amis Cameron', written in a cursive style.

Suzy Amis Cameron, President

MUSE SCHOOL CA

818.880.5437

<http://www.museschool.org/>

admissions@museschool.org

1666 Las Virgenes Cyn. Road,

Calabasas, CA 91302

August 25, 2011

To whom it may concern,

Muse Elementary School has changed its name to Muse School, CA and has moved from 1717 Old Topanga Cyn Road, Topanga CA 90290 to our current address of 1666 Las Virgenes Cyn Rd., Calabasas, CA 91302.

If you have any questions, please contact us at 818.880-5437

A handwritten signature in black ink, appearing to read 'James Estill', with a long horizontal line extending from the end of the signature.

James Estill – Head of School
jestill@museschool.org



Los Angeles County Treasurer and Tax Collector Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 1,846.-

ID # 138816

0622

BUSINESS INFORMATION

Calabasas 91302

Type of Business: Private School
Site Transfer

Address of Business: 1666 Las Virgenes Canyon Rd
Business Telephone: 818 880 5437

DBA (Business Name): Muse School CA

Mailing Address: Suite 525
16255 Ventura Blvd, Encino 91436

Sellers Permit # (State Board of Equalization):

Business Ownership Structure: Single Owner Partnership LLC Corporation
If LLC or Corporation, the information below is required:

Date of Incorporation: Incorporated in the State of:

Exact Corporate Name:

| Names of Officers | Addresses | Titles |
|---------------------------|-----------|----------------|
| <u>Susan Amis Cameron</u> | | <u>Founder</u> |
| <u>Rebecca Amis</u> | | <u>Founder</u> |
| | | |
| | | |

APPLICANT INFORMATION

Applicant's Full Name: Susan Amis - Cameron

Male ☐ Female ☒ Height: 5' 6" Weight: 120

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 9/1/2011 Applicant's Signature: Susan Amis Cameron

Application taken by: Diana

Date: 9/1/2011

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
BUSINESS LICENSE SECTION
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CALIFORNIA 90012
(213) 974-6438

FROM: BUSINESS LICENSE SECTION
225 NORTH HILL STREET ROOM 109
LOS ANGELES, CALIFORNIA 90012
TELEPHONE: (213) 974-2011
FAX: (213) 633-5467

DEPARTMENT OF REGIONAL PLANNING FEE: \$346.00

DATE: 9/1/2011

ID#: 137101

RBUS#: 201100313

TYPE OF BUSINESS AND CODE: 0622 - Private School

BUSINESS ADDRESS: 1666 LAS VIRGENES CANYON RD

CITY: CALABASAS 91302 APN#: 4455035003 3-004

NAME OF OWNER: SUSAN AMIS CAMERON PHONE#: _____

D.B.A./NAME OF BUSINESS: MUSE SCHOOL CA CELL PHONE#: _____

MAILING ADDRESS: 16255 VENTURA BLVD #525 ENCINO CA 91436

e-mail ADDRESS: j

To be completed by Regional Planning

THIS BUSINESS LICENSE REFERRAL IS: Approved
(indicate approved or denied)

REMARKS: Approved per RLUP 93-211 and REA 201100165.
See attached conditions.

PLANNER SIGNATURE: Christine Robertson PRINT NAME: Christine Robertson

DATE: 9-1-2011

X: Reg. Planning Form Revised 07/08/11

DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET,
HALL OF RECORDS
LOS ANGELES, CALIFORNIA 90012

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N Hill Street Room 109, P O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS PRIVATE SCHOOL

ADDRESS OF BUSINESS 1666 LAS VIRGENES CYN RD, CALABASAS, CA 91302

TELEPHONE. (818) 880-5437

OWNER OF BUSINESS SUSAN A CAMERON

CAL. DR. LIC.#

NAME OF PERSON FINGERPRINTED

FICTITIOUS NAME MUSE SCHOOL CA

MAILING ADDRESS. 16255 VENTURA BLVD 525, ENCINO, CA 91436

DATE THAT YOU STARTED BUSINESS

PREVIOUS OWNER'S NAME, IF KNOWN

THIS IS AN APPLICATION FOR. NEW LICENSE

**BUILDING & SAFETY
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION _____

SIGNATURE: [Signature]

DATE: 9/15/2011

BASIC LICENSE NO. 0622

DATE 09/02/11

IDENTIFICATION NUMBER 138816



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: PRIVATE SCHOOL

ADDRESS OF BUSINESS: 1666 LAS VIRGENES CYN RD, CALABASAS, CA 91302

TELEPHONE: (818) 880-5437

OWNER OF BUSINESS: SUSAN A CAMERON

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MUSE SCHOOL CA

MAILING ADDRESS: 16255 VENTURA BLVD 525, ENCINO, CA 91436

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

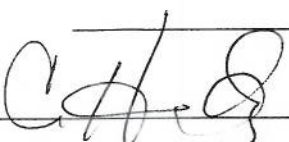
TREASURER & TAX COLLECTOR

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: 

DATE: 2/27/12

BASIC LICENSE NO. 0622

DATE 02/21/12

IDENTIFICATION NUMBER 138816

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

cc: [unclear]
Rice
911-01156

KIND OF BUSINESS: PRIVATE SCHOOL

ADDRESS OF BUSINESS: 1666 LAS VIRGENES CYN RD, CALABASAS, CA 91302

TELEPHONE: (818) 880-5437

OWNER OF BUSINESS: SUSAN A CAMERON

CAL. DR. LIC.# : 1

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MUSE SCHOOL CA

MAILING ADDRESS: 16255 VENTURA BLVD 525, ENCINO, CA 91436

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approval

SIGNATURE:

[Signature]

DATE:

9-28-11

BASIC LICENSE NO. 0622

DATE 09/02/11

IDENTIFICATION NUMBER 138816

818-

Nov-22-2011 11:54am

From-LACOFD FIRE MARSHAL

3238904055

T-698 P.002/002 F-003

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: PRIVATE SCHOOL

ADDRESS OF BUSINESS: 1666 LAS VIRGENES CYN RD, CALABASAS, CA 91302

TELEPHONE: (818) 880-5437

OWNER OF BUSINESS: SUSAN A CAMERON

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MOUSE SCHOOL CA

MAILING ADDRESS: 16255 VENTURA BLVD 525, ENCINO, CA 91436

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

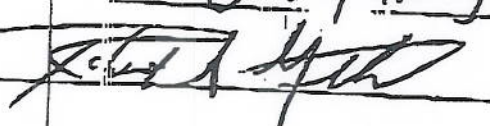
THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**☒ APPROVAL☐ DENIAL

RECOMMENDATION:

*Facility meets fire safety
Requirements for an "E"
Occupancy. Clearance Granted.*

SIGNATURE:



DATE:

11-22-11

BASIC LICENSE NO. 0622

DATE 09/23/11

IDENTIFICATION NUMBER 138816



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**
225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: PRIVATE SCHOOL

ADDRESS OF BUSINESS: 1666 LAS VIRGENES CYN RD, CALABASAS, CA 91302

TELEPHONE: (818) 880-5437

OWNER OF BUSINESS: SUSAN A CAMERON

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MUSE SCHOOL CA

MAILING ADDRESS: 16255 VENTURA BLVD 525, ENCINO, CA 91436

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: *[Signature]*

DATE: 12-14-11

BASIC LICENSE NO. 0622

DATE 12/14/11

IDENTIFICATION NUMBER 138816